

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **091346766**

FILING DATE

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
						1		2		3	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2			2							
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TOTAL CLAIMS	2			2							

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